

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09803545

APPLICANT(S)

FILING DATE
03-14-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103		1				
104		1				
105	1					
106		1				
107		1				
108		1				
109		1				
110	1					
111		1				
112		1				
113	1					
114		1				
115	1					
116	1					
117		1				
118		1				
119	1					
120	1					
121	1					
122	1					
123		1				
124	1					
125	1					
126	1					
127		1				
128		1				
129	1					
130	1					
131	1					
132		1				
133		1				
134		1				
135		1				
136		1				
137		1				
138	1					
139		1				
140		1				
141		1				
142		1				
143		1				
144		1				
145		1				
146		1				
147		1				
148		1				
149		1				
150		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1 51		1				
1 52		1				
1 53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	27					
TOTAL DEP.	125					
TOTAL CLAIMS	152					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09803545

FILING DATE
03-14-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57	1					
58		1				
59		1				
60	1					
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71	1					
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83	1					
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91	1					
92		1				
93		1				
94		1				
95		1				
96	1					
97		1				
98		1				
99	1					
100	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS